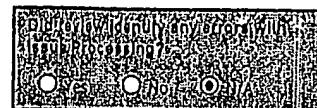


## TSS QAS REVIEW SHEET ver 5

Serial #

0

Issue Processing



## JACKET/ISSUE CLASSIFICATION SHEET

Primary Examiner box complete

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> n/a
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Issuing Classification complete

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> n/a
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PTO-892/1449

Examiner's initials or cross-through lines supplied for each item cited by applicant

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> n/a
--------------------------------------	--------------------------	--------------------------------------

Date(s) supplied/complete on all PTO-1449/892 sheets (Month and year required)

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> n/a
--------------------------------------	--------------------------	--------------------------------------

Brief description of drawings includes description of each figure in drawings

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> n/a
--------------------------------------	--------------------------	--------------------------------------

Continuing data mentioned in 1st paragraph (can be an insert)

<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	<input checked="" type="radio"/> n/a
--------------------------------------	-------------------------------------	--------------------------------------

## CLAIMS

Claims listed on Notice of Allowability match allowed claims and/or index of claims

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> n/a
--------------------------------------	--------------------------	--------------------------------------

Claims correctly numbered in index. (No duplicate or missing claim numbers. And no incorrect dependencies)

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> n/a
--------------------------------------	--------------------------	--------------------------------------

One sheet of complete claims

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> n/a
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## RAM FEES

Amount Actually Charged

Amount that Should Have Been Charged

Examiner's amendment  
Check box if applicable

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## CRFE-COMPUTER READABLE FORM

If necessary (biological sequence listing)

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> n/a
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## NOTICE OF ALLOWABILITY

If drawing is present, either Box No. 3 (drawings accepted) or Box No. 6 (corrected drawing request) has been checked

<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> n/a
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## INITIALED BIB SHEET

Initialed Bib sheet is present

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> n/a
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## REVIEWER COMMENTS

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PLEASE CORRECTED HIGHLIGHTED  
ITEMS. RETURN FOLDER AND  
THIS SHEET TO LIE of 2654

Issue

THANKS